## FORM D

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SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



05001373



## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC US	SE ONLY					
Prefix	Serial					
1						
DATÉ RECEIVED						
,	,					

Name of Offering (  check if this is an amendment and name has changed, and indicate change.)  Advisen Ltd.						
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 50	06 Section 4(6) ULOE					
Type of Filing: New Filing						
A. BASIC IDENTIFICATION DAT	ГА					
1. Enter the information requested about the issuer						
Name of Issuer (  check if this is an amendment and name has changed, and indicat Advisen Ltd.	e change.)					
Address of Executive Offices (Number and Street, City, State, Zip Code) 355 Lexington Avenue, New York, NY 10017	Telephone Number (Including Area Code) 212-897-4778					
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Not Applicable	Telephone Number (Including Area Code) Not Applicable					
Brief Description of Business: Offering of strategic information services to the Internet.	e global commercial insurance industry via the					
Type of Business Organization    Corporation	ther (please specify):					
<del></del>	Year JAN 1 8 2005 THOMSON					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abb CN for Canada; FN for other foreign ju						

#### **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

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#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and • Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Full name (Last name first, if individual) Ruggieri, Thomas P. Business or Residence Address (Number and Street, City, State, Zip Code) 355 Lexington Avenue, New York, NY 10017 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Full name (Last name first, if individual) Jain, Rima Business or Residence Address (Number and Street, City, State, Zip Code) 355 Lexington Avenue, New York, NY 10017 Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** □ Director General and/or Full name (Last name first, if individual) Ruggieri, Philip Business or Residence Address (Number and Street, City, State, Zip Code) 355 Lexington Avenue, New York, NY 10017 Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** □ Director General and/or Full name (Last name first, if individual) Bradford, David K. Business or Residence Address (Number and Street, City, State, Zip Code) 355 Lexington Avenue, New York, NY 10017 Executive Officer Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner General and/or Full name (Last name first, if individual) Wagner, Kenneth E. Business or Residence Address (Number and Street, City, State, Zip Code) 355 Lexington Avenue, New York, NY 10017 Executive Officer Check Box(es) that Apply: Promoter | Beneficial Owner □ Director General and/or Full name (Last name first, if individual) Cruickshank, Robert W. Business or Residence Address (Number and Street, City, State, Zip Code) 355 Lexington Avenue, New York, NY 10017 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Full name (Last name first, if individual) Clements, John Business or Residence Address (Number and Street, City, State, Zip Code) 355 Lexington Avenue, New York, NY 10017 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equit securities of the issuer;</li> </ul>
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full name (Last name first, if individual)  Clark, Robert H.
Business or Residence Address (Number and Street, City, State, Zip Code) 355 Lexington Avenue, New York, NY 10017
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full name (Last name first, if individual) Strackbein, Ronald G.
Business or Residence Address (Number and Street, City, State, Zip Code) 355 Lexington Avenue, New York, NY 10017
Check Box(es) that Apply:   Promoter   Beneficial Owner   Executive Officer   Director   General and/or
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Full name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. INI	FORMAT	ION ABO	UT OFFE	RING				· · · · · · · · · · · · · · · · · · ·
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No			
Answer also in Appendix, Column 2, if filing under ULOE.													
2. What is the minimum investment that will be accepted from any individual?								\$5,000					
	<b>5</b>	cc :	•, • •			1 1.0					•	Yes	No
<ol> <li>Does the offering permit joint ownership of a single unit?</li></ol>													
Fu	II Name (	Last name	e first, if in	idividual)									
Bu	isiness or	Residenc	e Address	(Number a	nd Street,	City, State	e, Zip Code	e)					
Na	ime of As	sociated I	Broker or I	Dealer									
Sta	ates in W	hich Perso	n Listed H	las Solicite	d or Intend	ds to Solici	it Purchase	rs					
(	Check "A	All States"	or check i	ndividual S	States)		•••••					A	Il States
i	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)													
Na	me of As	sociated 1	Broker or I	Dealer	<u>.</u>								
Sta	ates in W	hich Perso	n Listed H	Ias Solicite	d or Intend	ds to Solici	it Purchase	rs					
(Check "All States" or check individual States)								A	All States				
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Fu	Il Name (	Last nam	e first, if in	ndividual)									
Bu	isiness or	Residenc	e Address	(Number a	nd Street,	City, State	e, Zip Code	e)					
Na	ime of As	ssociated 1	Broker or I	Dealer									
			(	(Use blank	sheet, or c	opy and us	se addition	al copies o	f this sheet,	as necessa	ıry.)		

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold 3,500,000 \$ 2,711,897.25 Preferred Common none \$ none Convertible Securities (including warrants)..... \$ \$ none Partnership Interests..... none \$ none none Other (Specify: .....) 3,500,000 \$ 2,711,897.25 Total ..... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 12 2,711,897.25 Accredited Investors.... \$ 0.00 Non-accredited Investors..... \$ --Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Sold Type of offering Security \$ Rule 505 ..... \$ Regulation A ..... \$ Rule 504 Total ..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and

check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs. \$ 60,000 Legal Fees Accounting Fees. \$ Engineering Fees \$ Sales Commissions (specify finders' fees separately)..... \$ \_\_\_\_\_ Other Expenses (identify) Total ..... 60,000

<ol> <li>Indicate below the amount of the adjusted gross proceeds to the is proposed to be used for each of the purposes shown. If the am</li> </ol>						
purpose is not known, furnish an estimate and check the box to the estimate. The total of the payments listed must equal the adjusted grant the control of the payments are supported by the control of the payments are supported by the payments are						
to the issuer set forth in response to Part C - Question 4.b above.			Payments to Officers, Directors, & Affiliates		Payments To Others	
Salaries and fees		<u>\$</u>	0.00	_ 🗆 🖫	0.00	
Purchase of real estate		<u>\$</u>	0.00	_ 🗆 🖫	0.00	
Purchase, rental or leasing and installation of machinery and equipmen	t	<u>\$</u>	0.00	_ 🗆 🖫	0.00	
Construction or leasing of plant buildings and facilities		<u> </u>	0.00	_ 🗆 🖺	0.00	
Acquisition of other businesses (including the value of securities involved offering that may be used in exchange for the assets or securities of another pursuant to a merger)	er issuer	<u>\$</u>	0.00	_ 🗆 🖺	0.00	
Repayment of indebtedness		<u>\$</u>	0.00		0.00	
Working capital		<b>⊠</b> \$	3,440,000		0.00	
Other (specify)		<u>\$</u>	0.00	\$	0.00	
Column Totals		<u>\$</u>	3,440,000		0.00	
Total Payments Listed (column totals added)			<b>⊠</b> \$	3,440,000	<del></del>	
D. FEDERA	AL SIGNAT	URE				
The issuer has duly caused this notice to be signed by the undersigned following signature constitutes an undertaking by the issuer to furnish its staff, the information furnished by the issuer to any non-accredited in	to the U.S. Sec	urities a	and Exchange Comr	nission, upor	nder Rule 505, the written request of	
Issuer (Print or Type) Advisen Ltd.		- <sup>10</sup>	Date January	Date anuary   1/, 2005		
Name of Signer (Print or Type)	itle of Signer	(Print	or Type)			
Thomas P. Ruggieri Pr	Chief l	Executive Officer				
	•		•		*	
•						
	,					
	NTION				-w- <u>-</u>	
Intentional misstatements or omissions of fact constitute f	ederal crim	inal v	iolations.	(See	18 U.S.C. 1001.)	

3,440,000

b. Enter the difference between the aggregate offering price given in response to Part C –Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."